

Readiness Review to Deliver Veteran-Directed Home and Community-Based Care

Agency: NH Bureau of Elderly and Adult Services

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I. Required Enclosures (To be submitted with the Readiness Review Responses):

Functional Assessment

Service/Budget Plan Template

Program Policy Manual

NH-VIP Workflow Chart

- 1. Please describe your agency's collective experience with participant-directed programs. Has the agency or have staff within the agency directly provided supports for participant-directed programs? Please describe training and/or experience you have had with this model of service delivery. How will you ensure that all staff involved in the program understand the principles of participant-direction? How will you involve Veterans in the development and/or implementation of this program?**

Experience: The ServiceLink Resource Center Network (ADRC's) was established in 2000, and is a statewide network of locally administered community-based resource center for seniors, adults with disabilities and their families of all income levels. Since the beginning, each ServiceLink site has embraced a core philosophy that includes a strong commitment to client self-determination and offers services that reflect this idea. With this philosophy in mind, the agencies have provided services to seniors, adults with disabilities and family caregivers for more than 10 years.

Specifically, the Agencies have more than 4 years of experience administering a participant-direct program for family caregivers funded under the Administration on Aging's Nursing Home Diversion Program (later, the Community Living Program) from 2007- 2012. All ten of the state's ADRC's (ServiceLink Resource Centers have developed expertise in cash-based long-term care support systems as a result of their participation in this program.

Statewide, the ServiceLink sites have developed considerable expertise in working with individuals in assessing needs and developing a service plan within the Agency with Choice model of service. We will draw on the expertise developed under other consumer-directed programs to effectively administer the NH-VIP program. In Dec 2010, we launched a pilot of the program between

Manchester VA and Belknap County SL in Belknap County. Through the pilot process we gained lessons learned, and identified best practices to develop program policies and procedures.

In July 2013, NH was one of eight states to receive a grant to establish statewide readiness for NH veterans to receive this model of community based services for veterans. In Oct 2013 WRJ VAMC started work with Grafton County SL, Monadnock Region SL, Sullivan County SL and Coos County SL. In March 2014, NH established NH-VIP operations statewide.

Eight 501(c)3 agencies are contracted by the Bureau of Elderly and Adult Services to make up the state's Aging and Disability Resource Centers (ADRC), known as the ServiceLink network in New Hampshire. Each ServiceLink site has committed staff to become proficient in "Options Counseling" - a formal participant engagement that is founded upon the concept of person-centered planning.

Each ServiceLink site acts as the entry point for older adults applying for the Medicaid HCBC-CFI waiver "Choices for Independence."

NHCarePath: ServiceLink is a proud NHCarePath partner. NHCarePath is a new initiative where community partners work collaboratively to connect individuals to the supports and services that they may need, and ensure a consistent experience for individuals seeking assistance. Multiple statewide partners collaborate as part of NHCarePath, including the NH Department of Health and Human Services (NH DHHS), ServiceLink Aging and Disability Resource Centers, Area Agencies offering developmental services, and Community Mental Health Centers; with the goal of making it easier for NH residents to find the help they need.

Training: All NH-VIP Options Counselors in this program are required to participate in a series of core curriculum trainings. The trainings will include:

- *Person-centered planning and participant directed. Available trainings are "Person-Centered Planning for Older Adults" through the Institute on Community Living and the UNH postgraduate course "Methods, Models and Tools," which is recognized nationally.*
- *Options Counseling, and certification in Options Counseling when available.*
- *Orientation and training on the NH-VIP program and process*
- *Military Culture*
- *Training on VA benefits*
- *Understanding military culture*

In addition to the above, all ServiceLink staff are required to be AIRS certified and to have at least ten hours of ongoing training, annually.

Veteran Involvement: We will continue to seek involvement of Veterans and their families in NH-VIP program improvement. In our efforts to provide quality services, outreach to Veteran's groups and Veterans will continue to ensure quality services to Veterans. As well, the program's advisory

committees will seek on-going guidance from Veterans, their families, and Veteran Groups to provide an ongoing excellence in service delivery.

2. **Please describe your process for intake and assessment with Veterans. Please describe timeliness of assessments and how you assure a Veteran-centered approach. Please include how you will educate the Veteran about his/her rights and responsibilities in order to make an informed choice about whether to participate in the program, and how you will work with the Veteran in determining whether a representative is needed. What types of information will you obtain from the VAMC at intake, and what types of information will you assess yourself? What will the Veteran's role/contributions be to the assessment? If you do not directly do the intakes or assessments, please describe your contractual arrangement with the entity responsible, your expectations for those tasks and what your monitoring process will be.**

Referral/Intake

Referrals to the program will be direct referral from WRJ VAMC and Manchester VAMC to the local ServiceLink Aging and Disability Resource Centers where the Veteran resides. The Veteran will have already been determined eligible by the VAMC and is interested in this consumer-directed model of home and community based services. *[Form: NH-VIP 102 Enrollment/Disenrollment]* A designated staff member at the ServiceLink site (NHVIP Options Counselor) will be conducting the intake, assessment, options counseling and one on one support. Another staff member who is cross-trained will be their back up. The NH-VIP Options Counselor at the ADRC will contact the Veteran within three business days of the referral from the VAMC and set up an appointment to conduct a home visit. In the meantime the Options Counselor will mail out or hand deliver an information packet about the program, which will include the individual's right and responsibilities *[Form: NH-VIP 112 Appeals/Rights]* *[Form: NH-VIP 104 Ability to Self Direct]* as part of this program, and the program manual.

The VIP Options Counselor who will be providing the service will be a staff member at the ServiceLink ADRC who has experience in consumer-directed services, assisting individuals in developing an action plan and a budget for supports and trained in VD-HCBS program practices. The role of the NH-VIP Options Counselor is similar to that of a coach providing guidance, but the Veteran (or their authorized representative) has the authority on the "who, what and when" of the goods and services they choose.

This model of support has been in place at the ServiceLink sites since 2008 under the Nursing Home Diversion/Community Living Program grants funded under the Administration on Aging.

Veterans Identified in the Community

Referrals to the program from the community to ServiceLink will consist of the following: NH-VIP Options Counselor will gather basic information from the caller, describe the NH Veterans Independence Program (NH-VIP), discuss options, and, with the individual's permission, refer them to the applicable VAMC Liaison (WRJ or Manchester VAMC) for eligibility determination for NH-VIP (VD-HCBS). If the Veteran is determined eligible for NH-VIP (VD-HCBS) they will be referred back to the ServiceLink site via the Enrollment/Disenrollment form and will follow the process outlined above. *[Form: NH-VIP 104 Participant Self Direction Screen.]*

Assessment:

The assessment is a collaborative process involving the participant and other individuals identified by the Veteran, the VAMC and the NH-VIP Options Counselor at ServiceLink.

Veterans/Participants applying to the program may request that another person act as their authorized representative during the assessment process. Additionally, the NH-VIP Options Counselor may request that the Veteran consider appointing a representative to assist during the assessment process should the participant be unable to provide the information necessary to determine service needs. There are no limits on who may serve in this role, other than that the representative be willing and able to communicate effectively with both the Veteran and NH-VIP Options Counselors throughout the assessment process. In situations where NH-VIP Options Counselors and the Veteran / Participant disagree about the need for a representative, the matter will be referred to the applicable VAMC Liaison for resolution.

Contact will be made with the Veteran by phone or email within three working days of the initial referral. The NH-VIP Options Counselors will contact the Veteran and make an appointment for a home visit as soon as the Veteran/ Participant can determine a mutually agreeable day and time. During the first visit, the NH-VIP Options Counselors will work with the participant and/or his or her representative, and others to provide additional information about the program and guidance to help the Veteran identify his/her needs and goals. The program description including rights and responsibilities of the participants and an overview of the structure and workings of the program will be offered, including a description of how individualized budgets are established.

During the home visit(s), the NH-VIP Options Counselors will focus on learning about the needs of the participant and his/her family, conducting an assessment of the participant's need for long term care services and supports, and informing the individual and family about the workings of this program in relationship to the identified needs. In general, NH-VIP Options Counselors will assess a Veteran's needs based upon the self-reporting of the individual through such tools as the self-assessment, as well as mutually-identified needs and goals obtained during the more formal assessment process. We believe that program participants are the best reporters of the activities that they state they are capable of doing. We also understand that for a variety of reasons, participants may not always accurately report their care needs. Whenever possible, and with the permission of the Veteran / Participant, we will invite others with knowledge of the needs of the Veteran to share their observations and experience regarding the care needs of the Veteran.

Formal assessment will be performed using both a standard assessment tool (see attached) and a variety of person-centered assessment techniques (social network mapping, timelines, etc. Throughout this process, staff will work with the Veteran to understand his/her strengths and support system, identify the assistance desired and offer ideas for services, programs, and choices to meet the needs and goals the Veteran identifies. On average, one to three home visits will be necessary to complete the assessment process.

Completed assessment materials will be forwarded to the referring VAMC NH-VIP Liaison to be scored and assigned to case mix. Upon confirmation of eligibility and monthly budget amount, NH-VIP Options Counselors will work with the Veteran/Participant and family to complete the development of the service / budget plan.

3. **Please describe the service planning process with the Veteran. How is the budget amount determined? How do you assist the Veteran in knowing what might be available and prioritizing in order to select how to allocate his/her budget? Describe how you will implement the provision of a flexible spending plan that includes Veteran or Representative-selected/managed workers and other goods and services and opportunity for planned savings and a rainy day fund. What kinds of safeguards (such as back-up workers) are built in to the plan? How do agency-based services get arranged when needed as a supplement or back up to Veteran directed services? How do you ensure that you are able to inform about potential resources across age groups and types of disability and keep up on new resources? What capacity does the program have for connecting Veterans with potential resources within their community? How are spending plans approved, and who monitors that the Veteran spending does not exceed the budget?**

Planning Process: The ‘planning process’ truly begins in the assessment phase via self-assessment, staff assessment and discussions between the NH-VIP Options Counselors, Veteran, his/her family, and others regarding his/her strengths, needs and goals. Subsequently, during the formal planning process, assessment results and the monthly budget allotment determined by the VAMC will be reviewed with the Veteran. This budget amount, based on the Veteran’s need for personal care, will allow the participant to purchase permissible goods and services consistent with their needs and established goals as identified via assessment. The actual amount available to the Veteran will be determined based upon the outcome of the assessment process and identified case mix with the intent to reflect the Veteran’s functional needs.

During the assessment and planning processes the Veteran, family and NH-VIP Options Counselors will identify the formal and informal supports currently in place, the types of activities and care that the individual desires and needs assistance with, and the care options that are available. They will identify the manner in which the Veteran would like to receive services and from whom. The NH-VIP Options Counselors will describe the community resources available to the individual and the cost of purchasing services through these organizations. The focus of the process is to help the Veteran use the monthly budget amount available to him/her in a manner that reflects their priorities, values, needs and preferences.

The NH-VIP Options Counselors will spend as much time as is needed to discuss with the Veteran and family the process of managing their budget and hiring staff to address their care needs. The Financial Management Services (FMS) staff will explain the requirements for employing private caregivers, drafting job duties for their worker, authorizing timesheets, review the necessary paper work, and explain how to address the responsibilities involved in managing and supervising their worker(s). The NH-VIP Options Counselor will also share information about the opportunity for the Veteran / Participant to create planned savings to purchase goods and services, and to create a rainy day fund. Again, throughout these discussions, the Veteran will decide how to utilize their service/budget plan to address their needs within the program parameters.

Based upon this work, the Veteran, his/her family and the NH-VIP Options Counselors will work together to create a formal, written service/budget plan that outlines and addresses the unmet needs

that have been identified through the assessment process outlined above. The plan will also identify who will provide services, the frequency and duration of services, the hourly rate that providers will be paid, the total weekly cost of services and the cost of purchasing any material goods that are included in the plan. That amount is established through scoring by the VAMC with the intent to provide a budget that is commensurate with the needs of the Veteran.

Implementation: A service/budget plan based on the Veteran's approved budget amount is developed between the Veteran and the Options Counselor. (The approved budget is in line with budget parameters as outlined in 'Case Mix' provided by the VA Central Office.) The final Service /Budget Plan is then submitted via fax to the referring VAMC NH-VIP Liaison for review. Upon approval, the FMS is provided with a copy of approved budget, identifying a start date upon which services can begin. With Service/Budget Plan approval the Veteran or authorized representative may also purchase approved goods that are a part of their Service/Support plan.

Once approval is granted, the Veteran or their authorized representative, with support from the NH-VIP Options Counselor and the FMS, will begin the formal process of employing providers to implement the approved Service/Budget plan.

Safeguards: From the outset of work with the Veteran and family, an emphasis will be placed upon developing contingency plans (back up plan) in the event of a host of unforeseen circumstances (e.g., staff absences, inclement weather, disaster planning, etc.) The NH-VIP Options Counselors will assist the Veteran and family with planning for these contingencies should they desire, and will provide information about agency-directed services so that an alternative source of assistance is available when necessary and if available. In the event of an unforeseen circumstance in which the Veteran or family is not able to access back-up services, with the Veteran's permission, the Options Counselor can contact service providers on the individual's behalf to broker emergency coverage. In unusual instances it may not be possible to provide all of the service hours that are needed within the funds available to the Veteran. In these situations it may become necessary for the NH-VIP Options Counselors to work with the Veteran to develop an emergency back-up plan that includes family members, friends, neighbors and volunteers as the Veteran will allow.

Community Resources: The ServiceLink Resource Centers maintain a comprehensive database of community resources for all populations including frail elders, disabled adults and family caregivers. The database is available to consumers, as well as other service providers, and provides a "starting place" for those seeking assistance. The ServiceLink Resource Centers are also connected with many of the service organizations providing assistance to Veterans at the local and regional level, and communicate regularly with them about available resources. The ServiceLink staff who provide Information, Referral and Assistance are specifically trained to gather and disseminate information about the resources available to support community living for older and disabled individuals, and ensure that both staff and consumers have access to current information. Additionally, as part of their in-service training requirements, all ServiceLink staff regularly attend local and statewide seminars to learn more about the programs and services available to the clients they serve.

Monitoring: The NH-VIP ServiceLink sites will provide or sub-contract for financial management services (FMS) to provide both Veteran, NH-VIP ServiceLink site Center Manager and NH-VIP Options Counselors with budget reports outlining the expenditures for each month. NH-VIP ServiceLink site Center Manager and NH-VIP Options Counselors will review these reports to ensure that the Service/Budget plan is being followed and will monitor for both over and under-utilization. Provisions will be made with the FMS to ensure that over expenditures cannot occur without VAMC approval, and program participants will be encouraged and expected to communicate with the NH-VIP Options Counselors when changes to the Service/Budget plan are required. Program participants will be encouraged to self-monitor their program expenditures and the quality of services they are receiving. Instructions will be provided to participants in how to review monthly spending reports and how to assess the quality of the services they are receiving.

- 4. Are there restrictions on who the Veteran can hire? What is the process for creating the work agreement between the Veteran and employee? What is your process for helping the Veteran and/or Representative learn basic employer skills such as creating job descriptions, interviewing, supervising, and evaluating job performance? Who sets the employee rate of pay? Are benefits (vacation, sick time, health insurance, etc) allowable under the program? What assistance is available to help recruit direct care employees? How are employee training needs identified and then met?**

Hiring Practices: Veterans will be able to hire whomever he/she wants – as long as the employee is over 18 years of age, passes the background checks, not the legal guardian or the authorized representative, or provider agency staff. Provider agency staff can only be used for emergencies not for on-going direct care services and/or within first 90 days of initial transition into the program.

A participant has the responsibility to recruit, interview and recommend to FMS as the Employer of Record, whom they would like FMS to hire. But, it is ultimately per policy of FMS who has the final decision, in that, all hiring criteria must be successfully met, prior to an employee (direct care worker) being able to provide services for a participant. Background checks will be performed by the FMS and will include a registry check (New Hampshire's vulnerable adult abuse registry) maintained by the state.

Recruitment & Training: Prior to assisting the Veteran with recruiting direct care employees, the NH-VIP Options Counselor will verify the participant's interest and ability to manage this component of their participation in the program by way of an interview that highlights the responsibilities, skills and commitment of time needed to perform the role of co-employer. In the event that the NH-VIP Options Counselor has significant questions about the ability of the Veteran to manage this component of their participation in the program, he/she will discuss those concerns with the participant, as well as other options that may be available to achieve the end result sought by the Veteran.

Through the initial assessment process NH-VIP Options Counselors will encourage the Veterans to identify friends and family who might serve as candidates for this role. It is the responsibility of the participant to recruit and interview his or her potential support workers

The VIP Options Counselor will discuss with the Veteran training needs for their worker(s) during the planning process. The VIP Options Counselor will continue to check in on the Veteran to see if additional training needs arise. If requested, the VIP Options Counselor will assist the participant by sharing information about relevant training opportunities.

Supervisor Training: The Agency with Choice model used in New Hampshire denotes a co-employment model: the FMS agency as the Employer of Record and the participant as the Managing Supervisor.

NH-VIP Veterans and/or Authorized Representative are informed of the Agency with Choice model, and their role as a managing supervisor. During the initial intake visit at the Veteran's home, FMS staff provides Veteran's and/or Authorized Representative with instructions re responsibilities and duties of a managing supervisor.

Veteran and/or Authorized Representative is responsible for training their workers in the following areas: the specific skills and duties portion their workers responsibilities; "getting to know me" – what works, creates happiness, wellbeing, and, what doesn't work, creates anxiety, frustration, boredom; home safety orientation.

Wages, Benefits & Terms of Employment:

Veteran and/or Authorized Representative decide on the rate of pay for each of their workers, within VAMC and FMS guidelines. FMS may establish a minimum wage worker can be paid via FMS policy. The National Program's maximum rate of pay is \$20.00/hr. This includes employee taxes and all employment related cost. Total cannot exceed \$20.00/hr. Overtime is not permitted and is reviewed during orientation of the program participant and worker(s).

- 5. Please describe your risk mitigation policy. How do you assure that the Veteran controls decision making, yet risk factors are identified and addressed? What is your policy for representative decision-makers? How will you manage differences of opinion in regard to risk management between a Veteran and your agency? What is your process for incident reporting, or addressing health and safety concerns? How will you monitor the well-being of the Veteran? What are your involuntary disenrollment criteria?**

Risk Mitigation: The management of risk is an important issue to all parties involved in the program. The effective management of risk requires all parties to recognize their shared responsibility to identify and respond to circumstances in which activities conducted under this program may jeopardize the safety or wellbeing of the Veteran, themselves or others. As a participant directed

program, however, the NH-VIP Options Counselor recognizes the primacy of the preferences of the competent Veteran. As a result, while NH-VIP Options Counselors will make sure the Veteran understands the possible consequences of their choices, they will also generally support the Veteran's preferences as long as they do not endanger others.

Incident Reporting: All parties to the program will agree to report any concerns they may have about the safety and welfare of the participant, family or employees to the Veteran and/or Options Counselor. The concerned party will report their concerns as soon as possible through the most expeditious means available to them. The parties will also be mindful of their reporting responsibilities with regard to abuse, neglect and exploitation of a vulnerable adult under New Hampshire law. As appropriate report accordingly to Adult Protective Services.

When advised of a concern, the Veteran and/or Authorized Representative or Options Counselor will connect with counterpart to gather additional information in order to better understand the risk that has been identified, and to determine, what response, if any, is needed. Options Counselor will inform the applicable VAMC liaison. When possible, a plan will be developed by the Veteran and Options Counselor to address any identified risk. The plan will be shared with the other parties involved in the Veteran's care, as needed, and will be reviewed periodically in order to determine its efficacy. If an agreement cannot be reached between the Veteran and Options Counselor involving the perception of risk and/or the plan to address it, the Options Counselor will work with the participant to create a negotiated risk agreement.

Authorized Representatives: In a situation where the NH-VIP Options Counselor believes that the Veteran is (or becomes) unable to make informed decisions about their Service/Budget Plan, the NH-VIP Options Counselor will suggest to the Veteran that he/she identify someone they trust who can act as a surrogate/authorized representative *[Form: NH-VIP 104]*. Occasionally, it may become necessary for a legal guardian to be appointed by the courts to represent the interest and well-being of the program participant. The NH-VIP Options Counselor will provide information to the Veteran and his/her family regarding this option and, as needed, refer the issue to the the applicable VAMC NH-VIP Liaison for possible inclusion in the process.

Health & Safety Concerns: Life-safety issues are of particular concern, and require a high degree of candor, responsiveness and communication between the involved parties to be addressed in a timely and successful manner. In situations where life-safety concerns are present, it is incumbent upon the concerned party that that they communicate their concerns to the Veteran or his/her representative as quickly as possible, and that they assist the Veteran in taking whatever action may be necessary to mitigate the risk. After the immediate safety concern has been addressed, it is incumbent on the Veteran, NH-VIP Options Counselor and others to convene a meeting to more fully understand the issue and take whatever further steps may be appropriate to ensure the safety and well-being of all parties.

Monitoring: Ensuring the safety and well-being of program participants is a shared responsibility involving components of direct observation and, with the Veteran's permission, seeking input from others involved in his or her life including family members, health care providers and those in the Veteran's informal support network. NH-VIP Options Counselors will make monthly contact with

participants by phone, and have face to face contact with the Veteran on a quarterly basis, preferably in the Veteran's home.

Involuntary Disenrollment: In rare instances where a willful violation of program rules or fraud has occurred or the participant becomes unable to understand or follow through with his/her responsibilities as an employer and refuses to consider allowing a representative to assist with the management of his/her care, the program will refer the issue to the applicable VAMC NH-VIP Liaison for help with the process. If, at the end of this process, a determination is made to disenroll the Veteran, the Veteran will be advised, in writing, of his/her disenrollment from the program. Involuntary disenrollment may also occur when circumstances arise involving a persistent and unacceptable risk to the safety or wellbeing of the participant or others in which the hazard is so severe that a negotiated risk agreement is not appropriate. NH-VIP Options Counselors will make every effort to notify the participant of their concerns prior to issuing a notice of disenrollment, and will work with the Veteran and care team, including the applicable VAMC NH-VIP Liaison, to address the issue before such action becomes necessary.

- 6. How will the provision of services in the spending plan be monitored? How will the Veteran's participant-directed counselor know what services the Veteran actually received, and/or know if a significant underutilization or attempted overspending has occurred? How will such situations be addressed? How will you handle changes in the plan-timelines for plan adjustments/revisions?**

Monitoring - Service Provision: NH-VIP Options Counselors will advise program participants and family members to record and document the services and supports they receive. Veterans will review employee timesheets for accuracy before submission to the FMS in order to verify that services were provided. In addition, the FMS will provide the Veteran and Options Counselor with a monthly statement outlining the services provided under the Veteran's approved Service/Budget Plan, and the amount paid for each service. NH-VIP Options Counselors will review service provisions as part of their monthly contact with the Veteran, and, when circumstances require, will work with the participant to address circumstances in which there is a question as to whether services are being provided as specified in the Veteran's Support/Service plan.

Underutilization/Overspending: NH-VIP Options Counselors and program participants will monitor the monthly statements provided by the FMS for underutilization and other variances from the approved Service/Budget Plan. When variances are identified, NH-VIP Options Counselors will contact the participant to determine the reason for the variance and will discuss what actions, if any, are needed to assure that the Service/Budget Plan reflects the needs of the Veteran.

Overspending is prevented in several ways: education to the participant at the time the budget is created; review of monthly statements; participant contact with their NH-VIP Options Counselor; availability of FMS to provide "in the moment" balances to participants and/or their NH-VIP Options

Counselor; rejection of requests not authorized in the participant's budget and/or over allotted budget; and FMS budget tracking practices.

Plan Adjustments/Revisions: Support plans will be reviewed with the Veteran on at least a quarterly basis by the NH-VIP Options Counselor. Revisions will be made as program rules and budgetary circumstances allow, and as approved by the applicable VAMC NH-VIP Liaison. As circumstances change between quarterly reviews, the NH-VIP Options Counselor will work with the Veteran or their representative to adjust the support plan accordingly.

- 7. What model of financial management services (FMS) will you use? Which parts (if any) are being contracted out with other entities? How do you monitor the FMS functions? How does the communication (spending plans, expenditures, individual issues) flow between the counselor, FMS and your agency (Please note: a complete FMS readiness review will be done separately.)**

Overview: Agency with Choice (AwC) is the current model for NH-VIP. The NH-VIP ServiceLink sites will provider or sub-contract FMS functions. If ServiceLink sub-contracts FMS function, ServiceLink will have a MOU outlining expectations and responsibilities. FMS function must pass the VD-HCBS FMS Readiness Review applicable to the model.

Monitoring: If FMS function is sub-contracted out, the contracting FMS will establish and implement a monthly budget reconciliation process to each contracting SLRC provider agency.

Communication Flow: We will continue to implement streamlined networks of communication linkages between the Veteran, he/she NH-VIP Options Counselor, their manager, the FMS and the applicable VAMC NH-VIP Liaison according to circumstances. This communication flow is consistent with other consumer-directed programs in New Hampshire. Veterans and/or their representatives will be encouraged to participate in as much of the communication as they are comfortable doing, with the NH-VIP Options Counselor playing a supportive role.

Spending plans will be prepared in collaboration with the Veteran, approved by the VAMC, paid by the FMS function and monitored by all parties as outlined above. Expenditures will be made by the FMS function consistent with the Veteran's spending plan and as approved by the Veteran or their Authorized Representative with VAMC approval. Individual issues that may arise will be addressed by communication between the affected parties with the intent to place the Veteran and/or Authorized Representative at the center of any communication involving a substantive issue. All communication will respect HIPPA regulations.

- 8. Please describe your quality monitoring process for your VD-HCBS Program. How will the Veterans using the program inform the process (such as a user survey)? What information will you track? How will you track that information? How will you use that information to**

improve your program? Who is responsible for the quality monitoring? How do complaints and incident reporting tie in to your quality monitoring process? How are Veteran participants and families involved in quality management? How will you ensure that processes/documents are easy to use for Veterans? What role does your Veteran's stakeholder group play in ongoing decision making once the program is up and running?

Process/Responsible Parties: Not unlike risk management, effective quality assurance efforts require the ongoing involvement of the Veteran, his/her family, and friends, the NH-VIP Options Counselor, service providers, the applicable VAMC NH-VIP Liaison and other program stakeholders. New Hampshire's VIP program will seek input from members of all of these groups on a regular basis in order to collect quality assurance/improvement data, and to use this information to improve the responsiveness of the program to the individuals and families it serves. The Bureau of Elderly and Adult Services will conduct annual surveys of program participants regarding the services provided through ServiceLink and the FMS provider. As well as conduct an evaluation of ServiceLink NH-VIP program performance and compliance with NH-VIP Readiness Review and program policies.

Quality Measures/Tools: Veterans and/or Authorized Representatives will be asked to complete satisfaction surveys on a yearly basis. These surveys will measure the Veteran's satisfaction with: 1) the adequacy of services being provided; 2) the performance of the Options Counselor; 3) the performance of the FMS; 4) the extent to which the participant feels their individual decisions have been honored; 5) the extent to which the program has helped the Veteran to maintain or improve their quality of life, and 6) whether the assistance provided through the program has helped the individual to remain at living home? Veterans and/or Authorized Representatives will also be asked for suggestions about how the program could be improved.

With the permission of the Veteran and/or Authorized Representatives and families who are involved in the program will receive satisfaction surveys on a yearly basis. These surveys will query family members' satisfaction with the program using the above mentioned measures and additional questions related to the well-being of family members who are actively involved in the participant's care.

Continuous Program Improvement: The program team (comprised of the NH-VIP Options Counselors, their managers, the VAMC liaison, a representative from the FMS function, and NH DHHS staff) will be responsible for all aspects of quality monitoring, including the design of survey tools, the distribution of questionnaires, the collection and assembly of data, and the dissemination of this information to all stakeholders. Information gathered from complaints, grievances, and involuntary discharges will also be used to inform the program improvement process.

9. *How will you manage administrative functions including contracts/legal arrangements with program partners, information collection, retention and transmission, billing model, and cash flow management? Do you have capital to cover payments until retrospectively reimbursed or have an arrangement to cover these costs with your FMS? What information systems/databases do you use and how is the information integrated? Are your systems HIPAA compliant where they hold or*

transmit Veteran information? Are there any restrictions on hiring as the program grows? Do you retain back-ups of information at a remote site in the event of a disaster?

NH ServiceLink Resource Network contracting agencies enter into Choice Program Provider agreement with Manchester VAMC and / or WRJ VAMC to provide Veteran-Directed services (this includes assessment, I & R/A, Options Counseling, plan and budget development, one on one support and follow up). Each NH-VIP ServiceLink site will directly provide or enter into a sub-contract agreement for Financial Management Services (FMS) to provide the fiscal agent and employer of record and bill paying services for the program.

It is the policy of FMS function to make every effort to assure the confidentiality of a participant's records and the information contained in those records in order to protect the privacy of participants. Information shall be maintained in a secure area and shall be retained by FMS function for a minimum of seven years after discharge.

Overarching statutes and regulations governing the confidentiality of our record keeping are: FMS provider's Policies and Practices, including Sarbanes-Oxley (SOX) Act; Health Insurance Portability and Accountability Act (HIPAA); State of New Hampshire Department of Health & Human Services Protocols & Practices.

At a minimum, a client record will include basic demographic information and information taken upon intake for requested services, such as: participant's name, address, phone number, e-mail address, responsible party, approved budget, and the ServiceLink Veteran's Options Counselor's name. Backups are performed on a daily basis and stored on a server at a separate location.

NH-VIP FMS Hiring and Payroll Services employee records will be maintained by the Human Resources department according to their Policies and Procedures. All employee records include: job descriptions, reference and background checks; resumes and licenses, as applicable; annual evaluations and development plans.

10. Please create a program flowchart that shows the entire process from referral of a Veteran to invoicing and payment after services have been delivered. Please specify which entity does each task and how information is transmitted at each step.

(The NH-VIP WorkFlow Chart is on separate document.)



**Veterans Health Administration, Office of Geriatrics and Extended Care
Veteran-Directed Home and Community-Based Services (VD-HCBS)
Draft Interim Program Procedures**

Key Operation Context: Veterans Affairs Medical Centers (VAMCs) will purchase a product known as Veteran-Directed Home and Community-Based Services (VD-HCBS) from Aging and Disability Network Agencies including Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), and/or State Units on Aging (SUAs).

VD-HCBS Program: The VD-HCBS program serves Veterans of all ages and with all types of disabilities, who are at risk of nursing home placement. The VD-HCBS program provides Veterans the opportunity to receive home and community-based services that allow them to live independently in their homes. Veterans are able to manage their own monthly budget and directly hire workers and/or purchase goods and services to meet their needs in their home and community.

Aging and Disability Network Participation: Aging and Disability Network Agencies must meet the VD-HCBS readiness criteria before they can offer VD-HCBS and enroll Veterans. The specific readiness criteria demonstrate the Aging and Disability Network Agency's capacity to implement VD-HCBS and begin facilitation of the services in a self-directed manner so that enrolled Veterans:

- Receive an assessment and care planning assistance
- Decide for themselves, or with a representative, what mix of goods and services will best meet their, and their family caregiver's care needs
- Manage a flexible, individual budget
- Hire and supervise their own workers, including family or friends
- Purchase goods or services needed to live independently in the community
- Have Financial Management Services (FMS) and counseling support services which facilitate service delivery
- Utilize traditional service providers, if desired, to supplement Veteran-directed care only for unforeseen emergencies or at the initiation of the Veteran's services.

Veterans Currently Using Home Health Agency Services: Veterans using Homemaker/Home Health Agency services for personal care or homemaking services and who wish to be in the VD-HCBS program must develop a plan to transition to full self-direction of these personal tasks within 90 days. This means that they must hire and manage their own workers. It is allowed to use vendors in the community for supplemental services such as adult day care, snow-plowing, yard work, or for Home Health Agencies to be used as an emergency back-up. A Veteran that wants to remain in Home Health Agency care should be referred back to the VAMC.

Provider Agreement: When the Aging and Disability Network Agency meets the VD-HCBS program readiness criteria and is ready to begin serving Veterans, the applicable VAMC will form a Provider Agreement with the Aging and Disability Network Agency. The Provider Agreement will outline the policies and procedures between the VAMC and Aging and Disability Network Agency for the VD-HCBS program.

Target Population: All Veterans enrolled in the VHA health care system are eligible to participate in the VD-HCBS program when the Veteran is "in need of nursing home care" and interested in



self-direction. Veterans are determined “in need of nursing home care” when **one** or more of the following conditions is met:

- Three or more activities of daily living (ADL) dependencies
- Significant cognitive impairment
- Receiving hospice services
- Two ADL dependencies **and** two or more of the following:
 - Three or more instrumental activities of daily living (IADL) dependencies
 - Recent discharge from a nursing facility or nursing home discharge contingent on receipt of HCBS services
 - Recent discharge from inpatient rehabilitation facility or discharge contingent on receipt of HCBS
 - 75 years old or greater
 - Three hospitalizations or 12 outpatient clinic/emergency evaluations in past 12 months
 - Diagnosis of clinical depression
 - Lives alone in the community
- Meets some of the criteria of the target population, but clinically determined by the local VAMC to need services

The VD-HCBS program is targeted to Veterans whose home care needs exceed the average number of hours generally available through the Homemaker/Home Health Aide (H/HHA) program at a VAMC or who have difficulty with the traditional agency-based home care system, and who desire to have more choice and control over their services and supports.

Services & Goods: Aging and Disability Network Agencies offering VD-HCBS must provide or assist in arranging Veteran-directed services based upon the needs and preferences of the Veterans. The VD-HCBS program at a minimum will include the following services:

- Home and community-based services (HCBS) directed and managed by the Veteran including, but not limited to:
 - Personal Care (e.g. physical or verbal assistance with eating, bathing, dressing, grooming, transferring)
 - Homemaker (e.g. cleaning, laundry, meal planning and preparation, shopping)
 - Adult Day Care
 - Assistive Technology (e.g. emergency response system, electronic pill reminder)
 - Home-Delivered Meals
 - Caregiver Support (e.g. counseling, training)
 - Respite Care
 - Environmental Support (e.g. yard care, snow removal, extensive cleaning)
 - Other goods and services needed to remain safely in the community (e.g. small appliances, grab bars, ramp, lift chair, etc.)
- Veteran-Centered Assessment
- Options counseling/counseling support services including care management
- Financial Management Services (FMS)
 - Fiscal/Employer Agent is the preferred model



Note: HCBS provided through the VD-HCBS program cannot duplicate any services that are already being provided to a Veteran through the VAMC. Local coordination will be required between the VAMC and the Aging and Disability Network Agency to identify existing VHA services that are currently provided. A guide to determining which goods and services are typically allowed or disallowed in Veteran-directed services is found in Attachment A.

Referral Process: The VAMC will identify Veterans who are eligible for the VD-HCBS program and refer the eligible Veterans to the Aging and Disability Network Agency.

Note: Veteran referrals that come through other avenues, such as an Aging and Disability Network Agency, must first be approved by the local VAMC. Each participating Aging and Disability Network Agency and VAMC will establish protocols for determining eligibility in a streamlined and expedited manner. Aging and Disability Network Agencies can refuse to accept Veterans when it is anticipated that the services required would exceed the scope of the Aging and Disability Agency's ability to meet the Veteran's needs.

Follow-up Process: Each Aging and Disability Network Agency is required to have oversight procedures as documented in the VD-HCBS Readiness Review to ensure that services are delivered on-time and in a safe manner. At a minimum, the Aging and Disability Network Agency is expected to conduct reassessments and work with the Veteran to develop service plans annually (semi-annual in the first year) and conduct face-to-face visits at least quarterly to monitor well-being. VAMC staff will monitor the status of Veterans and their service utilization in the VD-HCBS program on a quarterly basis by phone. Periodically the Aging and Disability Network Agency and the VAMC may meet together with Veterans and their families to assure services are being provided and the Veterans' needs are met.

Disenrollment: Veterans may voluntarily disenroll at any time by notifying their Aging Network Options Counselor who will notify the VAMC Coordinator. Veterans who demonstrate the inability to self-direct services due to misuse of funds, consistent non-adherence to program rules (including refusal to cooperate with the assessment or inability or refusal to complete required employer/employee paperwork), or an ongoing health and safety risk to themselves or others, will be required to select a representative to assist them with the responsibilities of self-direction. Veterans who refuse to select a representative, cannot locate a representative who is able and willing to manage the services, or if they lose a representative (if already required for program participation) and cannot locate a suitable replacement, they will be required to disenroll from the program. The Aging Network Resource Counselor and Veterans Administration Medical Center Coordinator will try to help the Veteran locate suitable alternative services.

Rate Determination: Budget rates for the VD-HCBS Program will be established between the VAMC and the Aging and Disability Network Agency, based on rates provided by VA Central Office (VACO) and may be adjusted annually. VACO will provide each VAMC with a range of county-based rates, generally based on local Medicaid rates, sufficient to cover most cases. Rates above the range require VACO approval.

VAMCs will set individual Veterans' budget rates based on the Purchased HCBS Case Mix and Budget Tool. Rate assessment using the Case Mix Budget Tool will usually be carried out by the



VAMC early in the process of a Veteran enrolling in the VD-HCBS program so the Veteran will be referred to the Aging and Disability Network Agency with his or her budget already determined.

VA will pay the Provider the separate Service Transition Assessment Reimbursement (STAR) fee when a Veteran is referred to the VD-HCBS Program. This will include a set price for either a full or a partial assessment. The STAR fee will be provided by GEC with the monthly budget rates.

Rate Components: The bundled monthly VD-HCBS Rate consists of two parts:

- 1) **Veteran-Directed Budget:** These funds are used to hire workers and/or purchase goods and services outlined above. The funds can also be used as savings for when the Veteran needs to hire back-up workers, including agency providers, often referred to as “back-up” savings. They can also be used for purchasing of goods which cannot be purchased in a single month’s budget. These are often referred to as “planned” savings.
- 2) **VD-HCBS Administration:** These are the funds for the Aging and Disability Network Agency to use to provide service coordination, FMS, and program administration.

The allowable cost for VD-HCBS Administration is listed in the VAMC rate sheet from VACO.

For Veterans who start the program on a day other than the first day of the month, their budget for that month will be pro-rated to reflect the proportion of the month they were active in the program. The one-time cost of VD-HCBS Veteran-centered assessment and related start-up service planning costs will be billed at the time of completion and paid separately. The allowable cost is listed on the VACO-provided rate sheet. One-half this rate will also apply for Veterans who are assessed for VD-HCBS and determined to be inappropriate placements or choose not to participate in the program prior to completion of the service plan.

A Veteran’s back-up savings may not exceed the bundled monthly rate minus \$100.00. A Veteran’s planned savings may exceed that amount.

Institutional Care: Upon learning of a VA beneficiary’s institutional placement (i.e. placement in a hospital, nursing home or rehabilitation center), the Provider shall promptly notify the VA liaison that authorized the Veteran’s placement in the VD-HCBS Program. When the VAMC learns of a participant’s institutional placement, VAMC staff will promptly alert the Provider.

When a Veteran enrolled in this program is placed in an institution, VA will pay for certain household services and planned purchases on a case-by-case basis. VA will not pay for personal care services during the institutional stay. VA will pay for VD-HCBS Monthly Administration for the first 15 days of the institutional placement. For an institutional placement which continues beyond 15 days, the Veteran will be placed in an inactive status, at which time all payments to the provider will cease until the Veteran’s status is reactivated, unless otherwise approved by GEC. The Veteran will be discharged from the program when it is determined that the VD-HCBS Program is no longer clinically appropriate.

VAMC Payment for VD-HCBS: The VAMC will expedite payments to the Aging and Disability Network Agency for VD-HCBS, recognizing the need to assure that payroll for staff employed by the Veteran enrolled in VD-HCBS is met on a regular basis.



VAMCs and providers bill on a per diem basis where the actual expenditures from the Veteran's service plan in a given month is divided by the number of days in that month that the Veteran was active in the program and the resulting amount is the per diem rate.

Invoices based on a Veteran's service plan must include the full name and address of the Aging and Disability Network Agency and shall reflect the Veteran's name, social security number, number of days billed, level of care category, and per diem rate. The provider will then supply the VAMC coordinator a quarterly reconciliation listing in detail the actual expenses that the Veteran incurred over the course of the quarter. .

Failure to include the required information on an invoice may result in delayed payments.

Workers Employed by Veteran: Gross hourly pay rate not including employer tax costs for non-professional workers hired by the Veteran will not exceed the hourly rate allowed by the State Program for agency services, or in the absence of a State standard, \$20.00/hour.

Any Veteran who is uncomfortable, or unable to independently handle, the VD-HCBS employer responsibilities can select a representative to manage the budget on his or her behalf. A representative may be an individual's legal guardian, family member, friend, or any other person identified by the individual to manage the program on their behalf and in their best interest. Veteran representatives may not serve as paid workers.

Workload Reporting: The VD-HCBS Program is enrollment-based and recorded in the Fee Payment System using Purpose of Visit (POV) Code XX (Interim Code is POV 71). An entry is made for each day the Veteran is enrolled in the program, whether or not a service is rendered on each day to account for the cost of goods, Agency service coordination and administration and FMS. The invoiced amount, once certified, will be divided by the number of days in the month. That daily rate with the POV code will be entered into the Fee Payment System.

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**Attachment A: Veteran- Directed Home and Community- Based Services (VD-HCBS)
Program Criteria for Allowable Expenditures to Be Considered in Conjunction with State
Rules**

The Purchase of goods and services should meet all of the following criteria:

1. Meet the identified needs and outcomes in the Veteran's plan and to assure the health and safety of the Veteran; **AND**
2. Collectively provide a feasible alternative to an institution; **AND**
3. Be the least costly alternative that reasonably meets the Veteran's identified needs; **AND**
4. Be for the benefit of the Veteran.

If all the above criteria are met, goods and services are appropriate purchases when they are reasonably necessary to meet the following Veteran outcomes:

- Maintain the ability of the Veteran to remain in the community;
- Enhance community inclusion and family involvement;
- Develop or maintain personal, social, physical, or work related skills;
- Decrease dependency on formal support services;
- Increase independence of the Veteran;
- Increase the ability of unpaid family members and friends to receive training and education needed to provide support.



**Attachment B: Veteran- Directed Home and Community- Based Services (VD-HCBS)
Program Listing of Allowable and Unallowable Expenditures**

Allowable VD-HCBS Expenditures	Unallowable VD-HCBS Expenditures
<p>Veteran-directed community supports may include traditional goods and services as well as alternatives that support Veterans. There are four general categories of services which may be considered in VD-HCBS:</p> <ol style="list-style-type: none"> 1. Personal Assistance 2. Treatment and training 3. Environmental modifications and provisions 4. Veteran-directed support activities <p>Additionally, the following goods and services that may also be included in the Veteran's budget as long as they meet the criteria and fit into the above categories:</p> <ul style="list-style-type: none"> - Services not available through Prosthetics and Pharmacy that mitigate the Veteran's disability when ordered by a VA primary care provider; - Expenses related to the development and implementation of the Veteran's plan; - Cost incurred to manage the Veteran's budget. 	<ul style="list-style-type: none"> - Services provided to Veterans living in licensed foster care or other congregate residential settings; - Services covered by the Veterans Health Administration (VHA), Medicare, or other liable third parties including education, home-based schooling, and vocational services; - Services, goods, or supports provided to or benefiting persons other than the Veteran; - Medical fees and co-pays; - Attorney costs or costs related to advocate agencies; - Insurance except for insurance costs related to employee coverage; - Room and board and personal items; - Home modifications that add square footage; - Home modifications for a residence other than the primary residence of the Veteran; - Expenses for travel, lodging, or meals related to training the Veteran or his/her representative or paid or unpaid caregivers; - Experimental treatments; - All prescription and over-the-counter medications, compounds, and solutions, and related fees including premiums and co-payments; - Membership dues or costs except as related to fitness or physical exercise; - Vacation expenses other than the cost of direct services; - Vehicle maintenance (can cover maintenance to modifications related to the disability); - Tickets and related costs to attend sporting or other recreational events; - Costs related to internet access.